

Foster Family Home - Corrective Action Report

Provider ID: 1-561044

Home Name: Doreen Torres, CNA

Review ID: 1-561044-5

91-177 Waimapuna Place

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 1/9/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/9/19. Corrective Action Report issued during home visit with all items due to CTA by 2/9/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

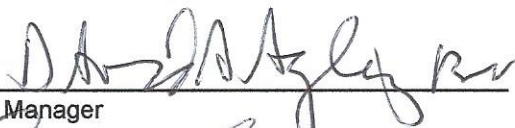
Personnel and Staffing

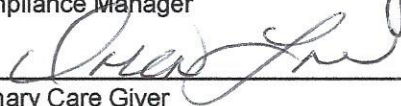
[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #1 and CG #2. Expired on 11/1/18.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: DOREEN TORRES

CCFFH Address: 91-177 WAIMANUWA PL. EWA BEACH, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.1(7)	I have obtained current TB clearance from C6#3 and C6#2 in my CTA Binder	1/12/19	I will place the expiration date for TB for all and check monthly

Primary Caregiver's Signature: 

Print Name: DOREEN TORRES

Date of Signature: 1/12/19